

HEMI-SYNC® AS A SUBTLE STARTING POINT IN EXPERIENTIAL PSYCHOTHERAPY WITH INDIVIDUALS WITH CANCER

by Howard M. Schachter, Ph.D.

Howard Schachter is a clinical psychologist specializing in individual psychotherapy and psychosocial oncology. In addition to his private practice, Dr. Schachter is a part-time professor with the University of Ottawa School of Psychology, and with the Institute of Pastoral Studies, University of St. Paul, Ottawa, in Canada. In this article, he discusses the implementation of Hemi-Sync to stimulate a relaxation response with clients engaged in experiential psychotherapy.

INTRODUCTION

In accordance with the experiential perspective on psychotherapeutic interventions, healing is made possible when the client lives out, in the here and now, whatever “experiencing” is revealed in the therapist’s presence to be most pressing and significant (Grof 1988; Mahrer 1989; Sprinkle 1985; Watkins 1978). An “experiencing” is defined as a cluster of bodily feelings plus associated behaviors relative to a given event. Moreover, this perspective assumes that healing is a process of “wholing,” or making whole, and involves the emergence of unactualized (often unconscious) personal or transpersonal material which requires integration (Assagioli, 1965; Grof 1988).

Wholing is accomplished when the client is able to actualize, or “own,” the emerging material as part of himself in the present and thereby effect integration. The therapist’s role is to invite the client to 1) live out fully that part of him- or herself in a form that feels good, or at least acceptable, on a bodily level, and then 2) rehearse for the extra-therapy world its actualization in a socially acceptable fashion (Mahrer 1989).

However, the experiential approach can often be quite terrifying as the client begins to face those feelings and behaviors which require integration. As a result, many clients refuse the opportunity to begin work. Their reasons for refusing may be fear of feeling a particular way, or feeling anything at all, especially in an intense manner (Mahrer 1978). Often, clients argue that this “feeling stuff” is silly, evincing a terror of losing or surrendering control to parts of themselves that are struggling for expression (Mahrer 1978, 1989). In some cases, clients may simply refuse to look at any thing, person, or event which evokes strong, disharmonious (“bad”) feelings.

Therefore, a method was sought which could enhance the client’s ability to relax while in the session, as well as to relax his/her defenses against experiencing anything frightening or alien.

It was assumed that such a method might 1) help the client transcend his/her fear of those threatening parts of self (the inner potential), 2) foster integrative work within the session, and 3) increase the likelihood that the client would return for another session.

This fear of alienated parts of oneself is especially true in experiential psychotherapeutic work with people who have cancer. Considerable fear, pain, and suffering arise when clients who are living with cancer are asked to relate to their disease. It has been discovered through experiential psychotherapy that clients with cancer project onto their cancer the qualities of an inner, un-lived experiencing that cannot or will not be integrated into their lives. The unexpressed experiencing will emerge if the client is able to establish and intensify a relationship with the cancer (Mahrer 1980; Schachter 1990). Not surprisingly, and due to projection, the client then perceives and experiences the cancer as doing to her/him whatever s/he cannot live out in the external world (a dynamic known, in Gestalt therapy, as the retroflexion hypothesis).

Therefore, the client is encouraged to establish an explicit, feeling-based interaction or encounter with the disease in order to integrate and express the inner experience, of which the cancer is its manifestation, and in a way which promotes actualization and wellness rather than illness. From this perspective, healing involves harmonizing the relationship between the client and his/her cancer, with its qualities as perceived by the client. This therapeutic approach has also been found to impact the cancer physiologically by bringing about a change in its oncologic status and, in some cases, remission (Mahrer 1980; Schachter 1990).

The possible mediating role of the immune system in bringing about these effects is suggested by data which show that 1) there is a relationship of covariation between immune dysfunction and experiential inhibition, and 2) immunoenhancement can occur when the inhibited experiential material is expressed (Pennebaker 1990) in a way similar to the methods ascribed to experiential psychotherapy (Mahrer 1989).

A proven tool for evoking the desired relaxation effect is the use of standard relaxation techniques during hypnotherapeutic induction (Rossi 1986; Rossi and Cheek 1988). However, many people are just as alienated by the use of hypnosis as they are by confronting an unintegrated experiencing. Clients have remarked that both situations require surrendering control—to the therapist in hypnosis and to the unintegrated experiencing in experiential therapy. Consequently, a small pilot study of two cases was initiated to try an alternative brain/mind entrainment approach to relaxation that is relatively unobtrusive.

The Hemi-Sync process was familiar to the therapist as a beneficial method of calming individuals while at the same time stimulating the opening of channels through which unintegrated experiential material could begin to be expressed (Schachter 1991, unpublished data). Therefore, it was decided to use this means when beginning experiential sessions with

clients who evinced a fear of some inner material. Tape two of the Discovery album from the *GATEWAY EXPERIENCE®*, *Introduction to Focus 10*, was introduced with the clear understanding that, at worst, the client would benefit from the relaxation response fostered by listening to the tape. At all times, healing was the primary objective. For the reasons cited above, individuals with cancer were selected as good candidates for inclusion in the pilot study.

The focus of the study was on the experiential impact of a particular therapeutic intervention which included the Hemi-Sync technology as a component. The qualitative data from the two clients' initial sessions are reported here. However, it is appropriate first to clarify the premises within which the data are conceptualized.

The experiential significance, or meaning, of a thing, person, or event is a function of the qualities it possesses. These qualities, when perceived or noticed, stimulate in the perceiver a certain response, or experience. Therefore, the experiential significance is formally defined by whatever cluster of feelings and behaviors is lived out by the perceiver when he or she is relating to a thing, person, or event. In this way, the experiential significance of oneself and one's cancer is perceiver-referential.

Further, this view suggests that the perceptual unit of understanding and describing an event is a systemic "fit" of the available, perceivable information and the lived-out experiencing of it. This fit captures the spirit of the dance of experiential significance between the perceiver and the perceived.

METHOD

Clients

Experiential significance data were obtained from a thirty-eight-year-old male and a fifty-five-year-old female, each diagnosed with cancer. They qualified for the informal study because, when invited to close their eyes in their respective individual sessions and look at and describe their cancers, each refused to do so.

Procedure

Once each client had refused to encounter the cancer, the therapist suggested that s/he relax instead, and that work with respect to the cancer would only be done after listening to a tape that would likely help establish calm and relaxation. The instructions given to the clients were to listen to the tape on a Sony Walkman™ with stereo headphones while sitting in a recliner, go with whatever feelings and images the exercise might evoke, suspend their disbelief if possible, and not censor any feelings or images that might arise. They were to signal the therapist at the end of the exercise, keeping their eyes closed. At the signals, the therapist

asked them to describe their experiences with the tape, and to look at, describe, and interact with their cancers.

RESULTS

Both clients described their experiences of the tape as one of increased calm and relaxation, although each recounted having been somewhat apprehensive at the beginning of the exercise. They attributed their anxiety to the fact that they were unsure about what was going to happen. After allowing the exercise to progress, and putting those and other concerns into the Energy Conversion Box, they said they began to feel more comfortable. They reported that their calm feelings deepened during their respective sessions.

Following the tape session, both clients were more willing to look at their cancers than they had been before the Hemi-Sync experience. Images and feelings related to their cancers bubbled up reasonably easily. The data from each client will be presented separately.

The male client reported perceiving a dragon with characteristics described as unrelenting, burning (with fire), mean, and angry. Moreover, the client experienced a fear of being consumed (the surface, or operating, experience). In particular, the dragon was perceived as being able to burn the client at the site on his scalp under which his tumor had been discovered.

The experiential significance of the relationship with the dragon/cancer was that its qualities stimulated the experience of being consumed by fire. Not surprisingly, the client felt threatened and backed off from his interactions with the dragon. When cajoled by the therapist to return to this encounter, and upon the client's agreement to allow his surface experience to intensify, a new experience emerged within the relationship. The client began to feel very angry, unrelenting in his pursuit of the dragon, and felt as if he could destroy the dragon by burning it with fire breathed from his own nostrils. In a sense, he had become his dragon, or cancer. Thus, the dragon/cancer not only afforded the client a surface experiencing, but at a deeper level it was also an appropriate target for the client's inner experience of being the cancer/dragon.

In subsequent therapeutic work, the client was permitted to begin to live out this experiencing in session. He also began to entertain the possibility of allowing some of the associated behaviors to emerge in the extratherapy world with other individuals who were appropriately defined as dragons. He was asked to imagine doing so with good feelings and in a socially acceptable manner (e.g., enjoying being a verbally caustic dragon without hurting anyone physically). Other sessions provided the client opportunities to integrate this part of himself further. His health and oncologic status remained stable during the first month of therapy. He returned for additional sessions.

The female client perceived a leprechaun-like trickster figure whose fundamental quality involved frustrating her by never answering a question, always joking, never being serious, and always behaving mischievously. The client's experience was one of extreme frustration with this figure because she wanted some straight answers from him about her health.

The experiential significance of the relationship with the trickster/cancer was that its qualities allowed her to experience frustration with being tricked by him. Nevertheless, the client's attention was fixed on this figure and she wanted to know more about him. Then, as the client allowed her frustration with this character to intensify, a transformation occurred. She began to join him in playful, mischievous dealings, enjoying games, tricks, and pranks. In a sense, she had become the leprechaun-like figure, a part that she had never before allowed herself to live out. She seemed to enjoy those games involving flirtation with men the most.

During subsequent therapy she began to acknowledge these playful, mischievous qualities as parts of herself. Her breast cancer remained in remission for the first month of therapeutic work. She returned for additional sessions.

DISCUSSION

The method utilizing Hemi-Sync was effective with these two clients. Both clients felt safer and more relaxed while confronting their cancers following the tape exercise than they had in the initial stage of the session.

That vivid images representing the cancers arose while the clients perceived their cancers is not surprising. Clients who are able to encounter their diseases without first experiencing a relaxation process such as the one used here have invariably described their illness metaphorically (Mahrer 1980; Schachter 1991). What is interesting is that neither approach (with or without a relaxation component) asks for figurative representations of the cancer.

It is conceivable that clients feel safer working with metaphorical representations than with an image of a tumor. Moreover, it is likely that the cancer is representable in this way because it and its associated image share the same experiential significance. They both display the same perceived qualities, thereby affording the same experiencing.

The above approach allowed the experiential significance of the clients' respective cancers to be revealed, thus opening up the possibility of doing integrative work. This work illuminates the value of a powerful pathway to healing which involves becoming the "other," with which one has a disharmonious relationship (Schachter 1990). Furthermore, evidence supporting the projection/retroflexion view emerged in later sessions, when both clients described being capable of becoming upset with people in their extratherapy worlds who had "burned" and flirted with them, respectively. Becoming the "other" for these clients meant becoming an alienated part of their inner selves.

Working with clients who have cancer is unique because the cancer is an “other” literally existing within the self, yet can be experienced as an external figure. In this way, projection can exhibit an internal element of self which, if we had our way, would truly exist outside the body boundary.

Given the preliminary nature of this study and the obviously small client sample, replication with a larger sample is called for. In addition, the following should be considered in the development of a more comprehensive study: 1) a different therapist, without a knowledge of projection/retroflexion as it is understood here, might not produce data supporting this position; 2) other approaches might be as effective and, hence, a comparative study including multiple therapeutic avenues would be desirable; 3) long-term follow-up of the two clients is needed to determine if benefits are achieved beyond one month; 4) it is possible that the two clients were exceptional in that most others would not have allowed the introduction of Hemi-Sync to produce the effects described. There may be as-yet-undiscovered variables which render certain individuals more likely to benefit from the use of Hemi-Sync; and 5) other Hemi-Sync tapes may be more effective in producing the desired effect.

However, these data are suggestive. It seems to be the case that, among many other things, use of the Hemi-Sync technology is promising in that it can afford a safety zone for beginning work with elements in life that are difficult to face.

REFERENCES

Assagioli, R. 1965. Psychosynthesis. A manual of principles and techniques. New York: Penguin Books.

Grof, S. 1988. The adventure of self-discovery. Dimensions of consciousness and new perspectives in psychotherapy and inner exploration. Albany, N.Y.: SUNY Press.

Mahrer, A.R. 1978. Experiencing. A humanistic theory of psychology and psychiatry. New York: Brunner-Mazel.

Mahrer, A.R. 1980. The treatment of cancer through experiential psychotherapy. Psychotherapy: theory, research and practice, 17, 335-342.

Mahrer, A.R. 1989. How to do experiential psychotherapy: a manual for practitioners. Ottawa: University of Ottawa Press.

Mahrer, A.R. & Schachter, H.M. 1991. How to use the patient's past: An experiential alternative, some discoveries, and a theory of the past. Psychotherapy in Private Practice, 8, 4, 1-11.

Pennebaker, J.W. 1990. Opening up. The healing power of confiding in others. New York: Wm. Morrow & Co., Inc.

Rossi, E.L. 1986. The psychobiology of mind-body healing. New concepts of therapeutic hypnosis. New York: W.W. Norton & Co., Inc.

Rossi, E.L. & Cheek, D.B. 1988. Mind-body therapy. Methods of ideodynamic healing in hypnosis. New York: W.W. Norton & Co., Inc.

Schachter, H.M. 1983. Ecological science. Preliminaries for a paradigm shift? Unpublished Ph.D. document, Carleton University, Department of Psychology, Ottawa, Canada.

Schachter, H.M. 1990. Doing experiential psychotherapy with people living cancer. Paper presented at the 6th National Conference, Canadian Association of Psychosocial Oncology, London, Ontario, May.

Schachter, H.M. 1991. Unpublished data, private practice, Ottawa, Canada.

Sprinkle, R.L. 1985. Psychological resonance: A holographic model of counseling. Journal of Counseling and Development, 64, 3, 206-208.

Watkins, J.G. 1978. The therapeutic self: Developing resonance—key to effective relationships. New York: Human Sciences Press.

Hemi-Sync® is a registered trademark of Interstate Industries, Inc.

© 1992 The Monroe Institute